

Inspection Report

Name of Service:	Peacehaven
Provider:	Peacehaven Care Services Ltd
Date of Inspection:	17 June 2026 & 23 June 2026

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Peacehaven Care Services Ltd
Responsible Individual:	Miss Mary Helen O'Hanlon
Registered Manager:	Miss Mary Helen O'Hanlon
Service Profile: This home is a registered residential care home which provides health and social care for up to eight residents living with dementia. The home is over two floors and there are various shared and single bedrooms. Residents have access to a shared lounge, dining room and enclosed garden.	

2.0 Inspection summary

An unannounced care inspection took place on 17 June 2026, from 9.50 am to 4.00 pm by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 3 April 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection one area for improvement from the previous care inspection was assessed as having been addressed by the provider. One area for improvement was partially met and will be stated for a second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

A further unannounced inspection took place on 23 June 2026, from 10.15am to 12.45pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. The areas for improvement identified at the last medicines management inspection were reviewed. The areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. Medicine records were well maintained. There were auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. However, improvement was necessary in relation to monitoring the temperature of the medicine storage area.

Whilst an area for improvement was identified, there was evidence that medicines, residents were being administered their medicines as prescribed.

The areas for improvement in relation to cold storage and care plans identified at the last medicines management inspection were assessed as met. Details of the inspection findings, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the residents well.

RQIA would like to thank the staff for their assistance throughout the inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home.

This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents were observed to be relaxed, comfortable and content in their home environment, and staff interactions with residents were warm, positive and respectful. Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Resident's comments included "the care is good" and "the food is good".

Two relatives spoken with spoke highly of the care and services provided in the home. Relatives told us that communication was good and their loved one was very content and happy living in the home.

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each resident liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

There were no questionnaire responses returned following the care inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

The system in place to monitor staff mandatory training evidenced good over all compliance with mandatory training requirements. However a review of this system highlighted that six monthly fire training for five staff members was overdue. RQIA were provided with written assurances from the manager post inspection, to confirm that staff had completed this training as required. This will be reviewed again at a future inspection.

Discussion with staff and review of the staff supervision system evidenced that staff had received supervision in line with the required standard of twice per year.

A review of the system used to monitor staff registration with the Northern Ireland Social Care Council (NISCC) highlighted that staff from another home, which was owned by the same provider, were also included in this system. Advice was provided to the manager to review this system to include only the staff working in the residential home. This will be reviewed at a future inspection.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the relevant information about the residents, especially any changes to care, that they needed to assist them in their caring roles.

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere throughout the home was relaxed. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. Discussion with staff about restrictive practice, such as the keypad on the front door and their understanding of Deprivation of Liberty Safeguards (DoLS) highlighted that staff were unclear as to whether or not they would, or should provide residents with egress from the home if they requested this. The need to ensure that resident's with capacity have the right to freedom of movement which is not inappropriately restricted was discussed with the management team and an area for improvement identified.

Review of the records maintained to monitor the registration and status of residents who are subject to a Deprivation of Liberty Safeguard (DoLS) identified that there were ways in which monitoring and managerial oversight of this process could be improved. An area for improvement has been identified.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious.

Activities for residents were provided which included both group and one to one activities.

3.3.3 Management of Care Records

A review of a sample of residents' care records evidenced that pre-admission assessments had not been completed as required. An area for improvement has been identified.

Review of residents' care records identified concerns in relation to the development, review and update of care plans to ensure they reflected the residents' current care needs. For example, there was evidence that care plans were not updated following improvement in resident's skin care needs. There was also evidence that risk assessments were not always reflective of residents current needs, for example one resident had an identified nutritional risk which had not been risk assessed or care planned for. Two areas for improvement has been identified.

A sample of care files reviewed, evidenced that for residents assessed as needing a Deprivation of Liberty Safeguard (DoLS) there was no care plan in place to manage this aspect of care and support. An area for improvement has been identified.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents.

Review of the home's environment and records confirmed that the manager did not have a refurbishment plan in place to address the usual wear and tear of the paintwork throughout the home, bedrooms and furniture. Details were discussed with the manager, including the need to consider a review of décor in the home to better support the needs of residents living with dementia. An area for improvement was identified.

Observations identified some concerns with the provision of storage in the home. For example, there was equipment used by residents being stored inappropriately in the dining room and commodes were being stored in resident's bedrooms, which also had the potential to impact on the dignity of residents living in the home. An area for improvement has been identified.

Although the home was clean, a review of records highlighted that deep cleaning records had not been completed since October 2025. An area for improvement identified at the previous inspection was partially met and will be stated for a second time.

The external garden area was cluttered due to the temporary storage of items awaiting disposal, which had a negative impact on the overall appearance of the space and reduced residents' ability to fully enjoy the outdoor environment. In addition, the garden area required weeding and general maintenance to ensure it remained a safe, pleasant and welcoming area for residents. An area for improvement has been identified.

The Fire Risk Assessment for the home was last completed on 17 October 2023 and was overdue for review. An area for improvement has been identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Mary O'Hanlon has been the registered manager in this home since April 2005.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that the system for reviewing the quality of care, other services and staff practices required improvement. Audits that had been completed lacked detail, were inconsistent and did not have action plans completed. This was discussed with the manager to ensure that audits completed are meaningful, effective in identifying shortfalls and focused on driving the required improvements needed in the home. An area for improvement has been identified.

The home was visited by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, a review of these records highlighted a number of concerns; these visits should be conducted monthly, however there was a three month gap evidenced and the quality of the records required improvement in relation to the content and action planning. An area for improvement has been identified.

Staff meetings were held regularly and records reviewed demonstrated a list of agenda items for discussion. However, no action plans were created following these meetings to evidence the improvements undertaken. For example, what action was identified, the person responsible for addressing the action and date this was to be achieved by. This is a good method to ensure tasks are completed in an achievable timescale. This was discussed with the manager for their action and review and will be reviewed at a future inspection.

A review of incidents and accidents that occurred in the home highlighted that accident records for two incidents were not available for review on the day of inspection. This was discussed with the manager as all relevant records need to be made available for the purpose of inspection at all times. An area for improvement has been identified.

3.3.6 Medicines management

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

Copies of residents' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of insulin, distressed reactions, pain, modified diets etc. Whilst there were no residents prescribed insulin or medicines for chronic pain on the day of the inspection, the manager provided assurances that person centred care plans would be implemented with enough detail to direct the required care, should a patient be prescribed any of these medicines. The manager agreed to continue to monitor this through the home's audit system.

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. However, the temperature of the medicine storage area was not monitored and recorded daily to ensure that medicines were stored appropriately. An area for improvement was identified.

Satisfactory arrangements were in place for medicines requiring cold storage and for the safe disposal of medicines.

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Management audited the management and administration of medicines on a regular basis within the home.

The inspector shared an audit tool to aid the development of a more in depth medicine audit covering all areas of medicines management. The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for residents returning from hospital. Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

There have been no medicine related incidents reported to RQIA since the last medicines management inspection. Management and staff were familiar with the type of incidents that should be reported. The inspector signposted staff to the RQIA provider guidance in relation to the statutory notification of medication related incidents available on the RQIA website.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. The manager agreed to review staff competency on an annual basis to ensure that staff who manage medicines are competent.

It was agreed that the findings of this inspection would be discussed with staff to facilitate the necessary improvements.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3	12*

* the total number of areas for improvement includes one standard that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (5) Stated: First time To be completed by: 17 June 2026	The Registered Person shall ensure that all staff fully understand what constitutes a restrictive practice and Deprivation of Liberty Safeguards (DoLS) in order to appropriately promote residents' freedom of movement. Ref: 3.3.2
	Response by registered person detailing the actions taken: All staff are trained in the Deprivation of Liberty Safeguards at the appropriate level. An refresher information session has taken place with staff, to refresh their knowledge and understanding of what constitutes a restrictive practice.
Area for improvement 2 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: 17 June 2026	The Registered Person shall ensure that a current Fire Risk Assessment is in place and kept under review as necessary. Ref: 3.3.4
	Response by registered person detailing the actions taken: The fire risk assessment was carried out on the 29.6.2026. The risk assessment is kept under review as necessary.
Area for improvement 3 Ref: Regulation 29 Stated: First time To be completed by: 1 August 2026	The Registered Person shall ensure that the Regulation 29 visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements in the home and should include consultation with residents, staff and relatives. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Regulation 29 monthly report for May 2026 was available for inspection on the 17.6.2026 . The Regulation 29 report will be completed monthly and revised to include the recommended improvements.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 27.1 Stated: Second time To be completed by: 17 June 2026	The Registered Person will ensure that there is a system to ensure there is regular deep cleaning of all areas of the home is in place and monitored regularly. Ref: 2.0 & 3.3.4
	Response by registered person detailing the actions taken: A system is now in place to ensure there is regular deep cleaning of all areas of the home. This will be monitored regularly.
Area for improvement 2 Ref: Standard 22.4 Stated: First time To be completed by: 17 June 2026	The Registered Person shall ensure that the Deprivation of Liberty Safeguards (DoLS) register for the home is regularly reviewed, updated and changes made where necessary. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Deprivation of Liberty register has been reviewed, updated and changes will be made where necessary.
Area for improvement 3 Ref: Standard 3.4 Stated: First time To be completed by: 1 September 2026	The Registered Person shall ensure that all residents have a completed pre-admission assessment which includes all relevant information relating to the resident and the delivery of their care. Ref: 3.3.3
	Response by registered person detailing the actions taken: Pre-admission assessments will be carried out by the care home for any further admissions. All of the residents that were in the home on the day of the inspection were emergency admissions. All pre-admission information that was received from the commissioning Trust prior to the residents admission to the care home had been reviewed by the Care Home Manager prior to the resident being admitted to the care home. The pre-admission information which included all relevant information relating to the resident, that was received for the Southern Health and Social Care Trust was available to view in each of the residents care files.

Area for improvement 4 Ref: Standard 6.6 Stated: First time To be completed by: 17 June 2026	The Registered Person shall ensure that care plans are reflective of the current and up to date assessed needs of the resident. Ref: 3.3.3 Response by registered person detailing the actions taken: All residents care plans have been reviewed and updated to reflect the each residents assessed needs.
Area for improvement 5 Ref: Standard 6.2 Stated: First time To be completed by: 17 June 2026	The Registered Person shall ensure that where a risk has been identified regarding a resident, a risk assessment is completed and kept under regular review. Ref: 3.3.3 Response by registered person detailing the actions taken: All residents care plans and risk assessments have been reviewed, updated and are being kept under regular review.
Area for improvement 6 Ref: Standard 6.6 Stated: First time To be completed by: 17 June 2026	The Registered Person shall ensure that any resident who is subject to Deprivation of Liberty Safeguards (DoLS) has an up to date care plan in place, which details the rational for the DoLS and this is kept under regular review. Ref: 3.3.3 Response by registered person detailing the actions taken: The Manager explained during the inspection that a care plan relating to the Deprivation of Liberty Order is provided by the Mental Capacity team when a Deprivation of Liberty order has been issued in relation to a resident. This care plan comes from the Mental Capacity team. Where an emergency provision letter has been issued there is no specific care plan for the resident. I have contacted the Trust home care team in relation to the matter for clarification. Each resident has a care plan and risk assessment in place.
Area for improvement 7 Ref: Standard 27 Stated: First time To be completed by: 1 August 2026	The Registered Person shall ensure that a time bound redecoration/refurbishment plan is completed and kept under review. The plan should identify the person who is responsible for the action and submitted with the return of the Quality Improvement Plan (QIP). Ref: 3.3.4 Response by registered person detailing the actions taken: A redecoration/refurbishment plan has been completed and will be kept under review.

Area for improvement 8 Ref: Standard 28 Stated: First time To be completed by: 17 June 2026	The Registered Person shall ensure that any equipment used by residents in the home is stored appropriately. Ref: 3.3.4 Response by registered person detailing the actions taken: The home has limited storage. We will ensure that the equipment is stored appropriately where this is possible and practical.
Area for improvement 9 Ref: Standard 27.5 Stated: First time To be completed by: 1 September 2026	The Registered Person shall ensure that the grounds to the home are kept tidy and safe. Ref: 3.3.4 Response by registered person detailing the actions taken: The grounds of the home will be kept tidy and safe.
Area for improvement 10 Ref: Standard 20.10 Stated: First time To be completed by: 1 September 2026	The Registered Person shall ensure that audits are robust in driving the improvements required in the home, if actions are identified these are completed and signed off by the relevant person responsible. Ref: 3.3.5 Response by registered person detailing the actions taken: The audits have been reviewed and revised as requested.
Area for improvement 11 Ref: Standard 22.3 Stated: First time To be completed by: 17 June 2026	The Registered Person shall ensure that records are available for inspection in the home at all times. This area for improvement is made with specific reference to incident and accident records. Ref: 3.3.5 Response by registered person detailing the actions taken: The records will be available for inspection as requested.

Area for improvement 12 Ref: Standard 32 Stated: First time To be completed by: 23 June 2026	The registered person shall ensure that the temperature of the medicine storage area is monitored and recorded daily to ensure that medicines are stored appropriately as per the manufacturer's recommendations. Corrective action must be taken if the temperature recorded is outside the recommended range. Ref: 3.3.6
	Response by registered person detailing the actions taken: Staff are now keeping a daily record of the medicine storage area. Extra ventilation has also been put in place to help control the temperature.

****Please ensure this document is completed in full and returned via the Web Portal****



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Quality Improvement
Authority

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